UTS. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

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1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 04 Through: 12 / 31 / 04			
3. Name and address of person filing. Name Richard Houlihan	3. Name, file number, and address of labor organization. International Union of Operating Engineers Local 57 Labor Organization File Number 031-546			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, If any			
Street 141 Gano Street City Providence	Street 141 Gano Street City Providence			
City Providence State RI ZiP Code + 4 02906 - 3822	State RI ZIP Code + 4 02906-3822			
5. Position in labor organization. Treasurer				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. N/A				
3. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	7.b. Amount.			
City	0			
State ZiP Code + 4				
Signature				
15. Signature and vertication. The undersigned declares, under penalinformation submitted in this report (including the information containe and is, to the best of the undersigned's knowledge and belief, true, cor	d in any accompanying documents), has been examined by the signatory			
Signed 11 KM J Jacky Line	Date Telephone Number			
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Name of Person Filing Richard Houlihan	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. N/A				
8. Name and address of Business (including trade name, if any). Name	9. Business deals with: a. Labor Organization b. Trust			
Street City State ZIP Code + 4	c. Employer			
10. if 9.b. or 9.c. is checked give trust or employer's name. Name	11.a. Nature of such decling.			
Street City ZIP Code ÷ 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest hald or income received.			
	12.b. Amount 0			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. N/A				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	14.a. Nature of payment.			
P.O. Box, Bidg., Room No., if any				
Street				
State ZIP Code + 4				
13.a. Is the Business an Employer or Consultant	14.b. Amount of payment.			